

GOVERNMENT OF ANDHRA PRADESH
ABSTRACT

Health, Medical & Family Welfare Department - Aarogyasri Health Care Insurance Scheme – Norms for billing and Guidelines for utilization of amounts received by the Government Hospitals under Aarogyasri scheme – Orders – Issued.

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HEALTH, MEDICAL & FAMILY WELFARE (K2) DEPARTMENT.

G.O. Rt. No. 134

Dated: 1st February, 2010

ORDER

The innovative Aarogyasri Health Insurance PPP scheme has been implemented in the State from April 2007 to provide financial protection to the families living Below Poverty Line (BPL) up to Rs.2.00 lakh in a year for the treatment of serious ailments requiring hospitalization and surgery through identified health care providers. This scheme was extended to the entire State in a phased manner. This scheme provides free diagnostic and treatment facility for all the eligible patients, irrespective of surgery.

2. After analyzing the present performance levels of Government Hospitals under Aarogyasri scheme, the Government have decided that the participation of Government Hospitals under the control of Director of Medical Education and A.P.Vaidya Vidhana Parishad under Aarogyasri programme should be enhanced to reach 30% by March 2010. The Government have also decided to strengthen these hospitals by providing adequate infrastructural facilities, to enable them to achieve the objective of attainment of 30% participation.

3. Under the Aarogyasri Scheme, the Government Hospitals are entitled for the same package amount as is the entitlement of other Network Hospitals. The objective thereof among others, is to ensure that the amount is utilized for giving cashless and quality care to the patients apart from utilizing a part for providing infrastructural facilities, development of hospitals and additional incentive to the staff responsible to provide service to the beneficiaries under the scheme.

4. In Government Memo. No.8350/K2/2009, dated 25.06.2009, a four member professional team has been set up by the Government to study and recommend the norms and guidelines for uniform billing of Aarogyasri cases and apportionment of Aarogyasri funds towards incentives to the concerned. The Committee has since submitted its report. After a careful examination of the report, the Government issue the following instructions:

a) Apportionment of revenues from Aarogyasri.

As per the Policy of the Government 20% of the package amount is deducted at source by the Aarogyasri Health Care Trust for common revolving fund (except in the case of packages relating to Double-valve replacement, Cochlear Implantation, Hemo dialysis and Kidney Transplantation). Out of the balance 80%, 45% is earmarked for expenditure related to patient care and the rest of 35% shall be utilized for payment of incentives to the staff responsible to provide service to the beneficiaries under the scheme. The manner of utilization/ billing / distribution of the 45% and 35% funds is specified in paras 4 (b) and 4 (c) respectively.

b) Norms and guidelines for billing Aarogyasri cases in Govt. Hospitals:-

The expenditure for the implementation of scheme in Government Hospital under this head (45%) can be incurred for the following items:

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- i. The actual expenditure involved in purchase of consumables, disposables, implants, medicines, blood and blood products etc. for the care of the Aarogyasri patients involved (other than those available in hospital under regular budget).
- ii. Cost of Data Entry Operators and other staff employed for Aarogyasri Scheme full time (includes RAMCO, AMCO, if employed on full time).
- iii. Expenditure on computer peripherals and its maintenance.
- iv. Transportation charges to the patients.
- v. Special Diet provision.
- vi. Expenditure if any, on conduct of camps other than the items which are reimbursed by the Trust.

With a view to bring all the Government Hospitals on a common platform as regards the system of billing, the following guidelines are issued:

Sl.No.	Item of Billing	Package charges (Rs.) for billing Aarogyasri cases
1	Admission charges	Nil
2	Room Tariff	
	a. ICU	2500/per day
	b. Step-down ward	1500/ per day
	c. Post Operative ward	1000/ per day
	d. General ward	500/ per day
3	Bed side procedure	1000 per procedure
4	Surgery costs	
	a. Professional charges	35% of package cost
	b. O.T. charges (Major/Minor)	3000/2000 per hour
	c. O.T. Pharmacy	Included in General Pharmacy
	d. Disposables/ Implants/Prosthesis	Actual cost
5	Pharmacy/ Supply of medicines	Actual cost
6	O2 Supply charges	1000 per hour
7	Blood/ Blood components supplies	1000 per bag/ actual cost if procured outside
8	Investigations	Actual cost
9	Diet supplied	100 per day
10	Transportation reimbursement to patient	Actual cost as per scheme guidelines

Note:

1. Tariff for various investigations shall be as per the Annexure appended to this order.
2. Hospitals to maintain separate indenting system for pharmacy requirement of Aarogyasri patients.
3. In the hospital pharmacy, specific pharmacists may be designated for Aarogyasri and they will issue medicines/ material available in the hospital. Those not available will be purchased through Aarogyasri funds and supplied. Separate account may be maintained for the purpose.
4. Separate inventory and stock register shall be maintained for equipment, instruments, implants etc. procured under Aarogyasri from Aarogyasri funds.
5. The equipment, furniture, computers etc. procured under Aarogyasri funds shall be utilized only for the Aarogyasri programme in the concerned department.
6. The treatment of patient shall be primary aim of the hospital and sufficient funds shall be made available from the package amount to treat the patient completely. In case the 45% funds allocated out of package amount is not sufficient to meet

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the treatment cost, the additional amount shall be met from the other cases where residual funds are available out of 45% funds i.e. through cross subsidy of the cases.

7. The Superintendent of the hospital and other administrative staff of the hospital involved in the implementation of scheme be paid an incentive for their indirect involvement in patient care. 1% of the balance after meeting the expenditure mentioned above be paid to the Superintendent and 1% to the administrative staff of the hospital.
8. The balance after meeting the above expenditure is deposited into the hospital account for the development of hospital infrastructure and facilities as suggested in earlier circulars of DME.

c) Guidelines for distribution of 35% incentive amount.

(i) 35% of the package amount for each case should be distributed as incentive to the staff of various categories who were involved in the care of the patient directly. These include the treating unit (Medical or Surgical) staff, Anesthetic team, supporting specialty services, diagnostic specialties, nursing, Paramedical staff and Class IV staff. The services of Specialist, if any, are hired for treating the patient, their fee has to be met from this part of the package.

(ii) The 35% incentive amount shall be apportioned among the Surgical/ Medical, Investigative, Nursing and Class IV staff as per the following ratio:

• Surgical/ Medical Team	...	75%
• Investigative	...	10%
• Nursing Staff	...	10%
• Class IV	...	5%

(iii) The 75% share of the Professional Team managing the patient shall be apportioned as follows:

❖ In Surgical cases

- 50% to surgical team of doctors
- 25% to Anesthetist team of doctors

❖ In Medical cases

- Entire 75% to the team – (In case where Anesthetist services are utilized up to 25% to be provided to Anesthetist)

(iv) Further distribution among the above Surgical and Medical teams shall be on the following ratio for teaching/ APVVP hospitals.

• Professors /CSS	...	35%
• Associate Professors/ Dy.CS	...	30%
• Assistant Professor/ CAS	...	25%
• Residents (Sr./Jr.)	...	9%
• RAMCO ^(*)	...	1%

^(*) if not a full time employee of Aarogyasri

(v) In case there are more than one person in any category, the amount shall be equally apportioned between them. In case the post is vacant in any category, the corresponding share shall go for the development of the Department.

d) Share of investigating specialists

The share of investigating specialists involved in patient care is 10%. The amount shall be distributed equally among the specialties involved (viz., Radiology, Pathology, Biochemistry, Microbiology and Clinical Lab.). Each Department may distribute the amount among the Doctors and Technical staff equally on 50:50 ratio.

e) Share of Other categories

The share of the Nursing Staff involved (Ward, ICU, OT etc.) is fixed at 10%; and the share of the Class IV employees involved (Ward, ICU, OT, Casualty) is fixed at 5%. For this purpose, the Class IV employees include MNO, FNO, Theatre Assistant, Thoties etc.

The incentive amount shall be paid on a monthly basis by the 10th of the succeeding month in respect of all the Surgeries / Therapies done during the month.

5. The Chief Executive Officer, Aarogyasri Health Care Trust, Hyderabad / The Director of Medical Education, A.P., Hyderabad/ Commissioner of Andhra Pradesh Vaidya Vidhana Parishad, Hyderabad shall take necessary further action in the matter.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

J.SATYANARAYANA
PRINCIPAL SECRETARY TO GOVERNMENT

To
The Chief Executive Officer, Aarogyasri Health Care Trust, Hyderabad
The Director of Medical Education, A.P., Hyderabad
The Commissioner, A.P.Vaidya Vidhana Parishad, Hyderabad
OSD to Minister (Aarogyasri, Health Insurance, 104, 108 and Medical Infrastructure)
OSD to Minister (Medical Education)
P.S. to Prl. Secretary to Government, HM&FW Department
SF/SC

//FORWARDED::BY ORDER//

SECTION OFFICER